FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

File with: Iowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

Reset Form

IA ETHICS AND CAMPAIGN DISCLOSURE OF

2015 JAN 20 AM 9: 43

COMMITTEE NAME (Must be same as on Statement of Organ	nization)			
Committee to Elect Mike John ST		FORM DR-2 (Rev. 12/2009) DISCLOSURE REPORT For Office Use Only		
IMPORTANT: Indicate by # type of committee you are reporting for: [(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) (4) County Central Committee (5) County Candidate (6) City Candid Subdivision Candidate (8) County PAC (9) City PAC (10) School B 11) Local Ballot Issue	(E			
CANDIDATE COMMITTEES ONLY: Candidate Name MIKE JOHNSTONE Office Sought SHERRIFF	Political Party (if applicable) Democra T District (if Senate or House)	S C	comm. # 17149 cogged In Scanned computer	
Late reports are subject to possible civil and criminal penalties. Purs candidate's committee, and the chairperson, for any other type of co	suant to Iowa Code sections 68B.32A(mmittee, is the individual responsible	7) and 68 for filing t	A.401(3), the candidate, for a timely and accurate reports.	
Muke Johnstone	319.392.4055		1-15-15	
SIGNATURE OF PERSON FILING REPORT	TELEPHONE	-	DATE SIGNED	
I AM FILING A /- /9. 15 (report date)	REPORT FOR (1) ELECTION Indicate by #		ELECTION YEAR.	
CHECK IF AMENDMENT TO REPORT DATED		ocal Com	mittees, enter Date of Election	
Check if this is final (termination) report and attach Notice of (You must continue to file reports until a DR-3 is filed.)		County & L which Elec	Local Committees, enter County in tion is held	
STATEMENT OF CASH ON HAND				
CASH ON HAND at the beginning of the reporting period. (Total committee. This amount MUST be the same as the case of the last reporting period or must be zero if this is first	ash on hand at the end	\$	229.88	
ADD TOTAL MONEY TAKEN IN THIS PERIOD				
Schedule A: Cash Contributions total (Attach Schedul			5.00	
Schedule F: Loans Received total (Attach Schedule F			0.00	
Schedule H: Total Sales of Campaign Property (Attac			0.00	
(Schedule H applies to Candidates' Comm	ittees Only)		2-11	
	SUB-TOTAL	\$	234.88	
SUBTRACT TOTAL MONEY SPENT THIS PERIOD				
Schedule B: Expenditures total (Attach Schedule B) (*			0.00	
Schedule F: Loan Repayments total (Attach Schedule			0.00	
CASH ON HAND at the end of this reporting period (if final report	rt balance must be zero)	\$	234.88	
**UNPAID BILLS (From Schedule D - Attach Schedule D)		\$	0.00	
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedu	le E)	\$	0.00	
**OUTSTANDING LOANS (From Schedule F - Attach Schedule			0.00	
CONSULTANT BREAKDOWN (Schedule G Attached?)			YES X NO	
CANDIDATE COMMITTEES ONLY:				

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

Reset Form

SCHEDULE

A

(Rev. 07/03)

CHECK THIS BOX IF

AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)								
COMMITTE	70	Elect	M.16	Johnstone, Shonift	0			

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	VIFFOR FUND- RAISER INCOME
8-7-14		MIKE Johnstone 17083 Kingwood ESTS. Middlerown, ZA 52638	Seip	\$5-00	
	ID# CK#				
-	ID# CK#				
			SUB-TOTAL		

TOTAL (if last page of this schedule)

Page _____ of ____ (for Schedule A)

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.